Return to Petition

Other:

Request for Reinstatement

Request for Name Change on Certificate

CLA	SS C AMENDMENT FORM
. We are original with:	Mail or fax a copy to:
Public Service Commission of South Ca Clerk's Office	S.C. Office of Regulatory Staff
Motor Commission	Transportation bearing
P.O. Box 11649 Columbia, S.C. 29211	OF REGULATORY STAFF 1401 Main Street, Suite 900
(803) 896 – 5100 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(803) 737-0578
FAX (803) 896-5199	JUL 02014 FAX (803) 737-0815
	000
DATE: 6/29/2014	
I have the following Certificate:	
Class C Taxi # 8256 Class C	Charter # Class C Charter Bus #
Class C Non-Emergency #	
Please consider this as my request for the	following amendment(s) to an orange
	The superiorities to my Centificate:
Name Change	
Erom.	
From:	DBA:
(Current Name)	(Current DBA if applicable)
TO:	DBA:
(New Name)	(New DBA if applicable)
Scope of Authority	(applicable)
From:	
	To:
(Current Scope)	(New Scope)
Passenger Limit	
From: 5	
(Current Limit Number)	To:
(Caneric Limit Multiper)	(New Limit Number)
and the same	
J'S Tax William F DAVIDSON	115 Hillamest Daving America
Name & DBA if DBA is applicable)	(Street and/or Mailing Address) 19340
Prace	(Califor Mailing Address)
Duttyley S.C. 29340	- William Thursham
(City, State, Zip Code)	(Signature)
864-488-1731	
(Telephone Number)	Owner
(. sispilotte (Aditibet)	(Title) Owner, President, etc.
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